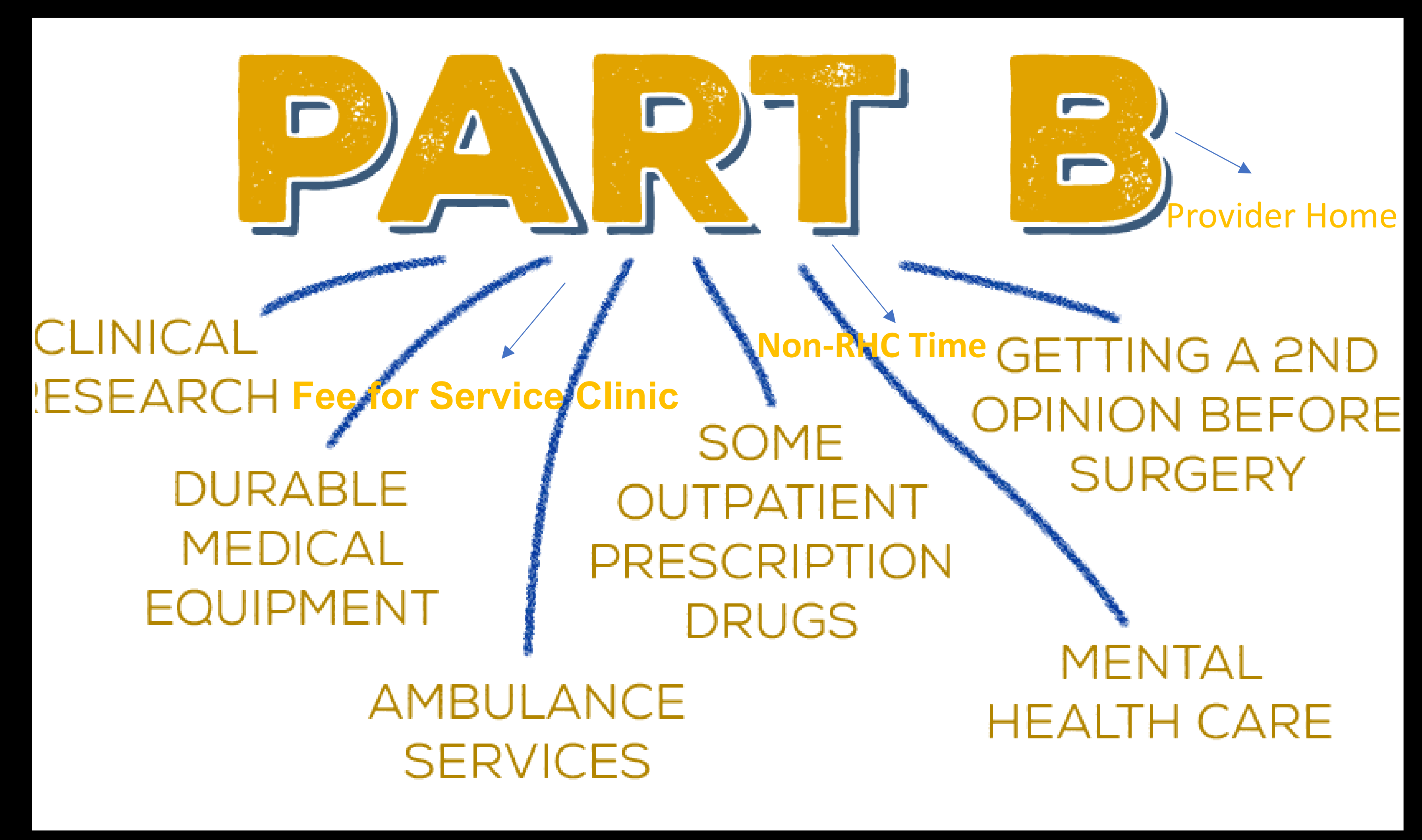
How to bill Telehealth to Medicare Part B, Fee for Service



Telehealth Services in Provider Homes and during Non-RHC Hours

Medicare Recognizes Three Types of Telemedicine

Effective March 6, 2020 and for the duration of the Public Health Emergency

Telehealth

1. Audio and Video
2. Expanded to include all areas and all settings
3. Applicable to new and established patients
4. Medicare Copays and deductibles apply however OIG will allow flexibility for providers to reduce or waive fees during the PHE
5. Payment is changed to then non-facility fee schedule if performed in the office (POS 11, Modifier 95)
6. Consent to treat needs to be obtained*

Virtual Check-Ins

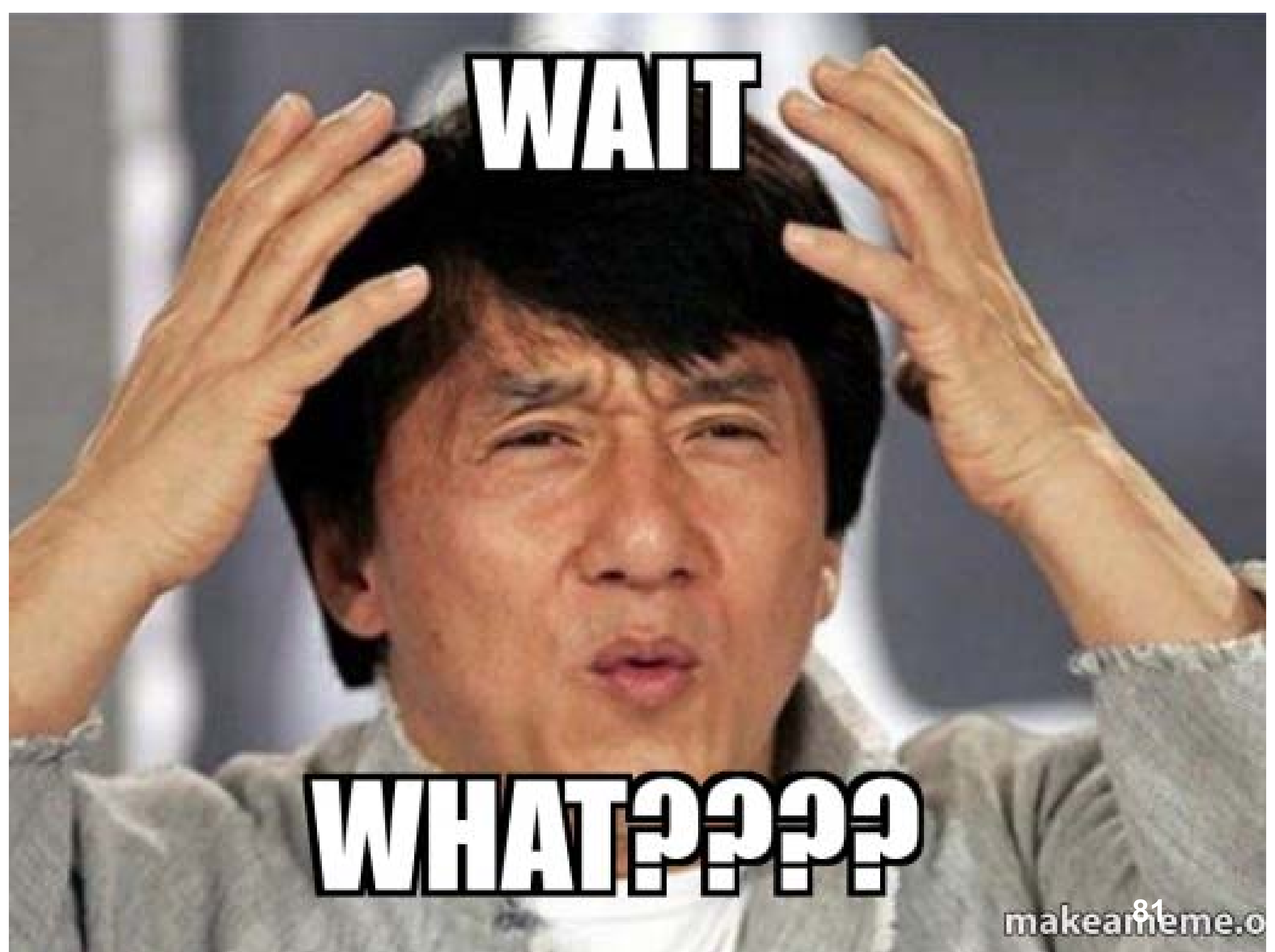
1. Phone Calls
2. No Geographic or location restrictions
3. Applicable only to established patients
4. Medicare Copays and deductibles apply (See Telehealth)
5. Consent to treat needs to be obtained*
6. Part B codes are G2012 or G2010 & RHCs use G0071

E-Visits

1. Patient Portal
2. No Geographic or location restrictions
3. Applicable only to established patients
4. Medicare Copays and deductibles apply (See Telehealth)
5. Consent to treat needs to be obtained*
6. Individual services need to be initiated by the patient, but practitioner may educate beneficiaries of availability of the service.

Part B -Summary of Medicare Telehealth Services

TYPE OF SERVICE	WHAT IS THE SERVICE?	HCPCS/CPT CODE	Patient Relationship with Provider
MEDICARE TELEHEALTH VISITS	A visit with a provider that uses telecommunication systems between a provider and a patient. **Interim Final Regulation added 84 new codes**	Common telehealth services include: • 99201-99215 (Office or other outpatient visits) • G0425–G0427 (Telehealth consultations, emergency department or initial inpatient) • G0406–G0408 (Follow-up inpatient telehealth consultations furnished to beneficiaries in hospitals or SNFs) For a complete list: https://www.cms.gov/Medicare/Medicare-General-Information/Telehealth/Telehealth-Codes	For new* or established patients. *To the extent the 1135 waiver requires an established relationship, HHS will not conduct audits to ensure that such a prior relationship existed for claims submitted during this public health emergency
VIRTUAL CHECK-IN	A brief (5-10 minutes) check in with your practitioner via telephone or other telecommunications device to decide whether an office visit or other service is needed. A remote evaluation of recorded video and/or images submitted by an established patient.	• HCPCS code G2012 • HCPCS code G2010	For established patients. **New is ok during PHE**
E-VISITS	A communication between a patient and their provider through an online patient portal. **Interim Final Regulation added 6 new codes**	• 99421 • 99422 • 99423 • G2061 • G2062 • G2063	For established patients. **New is ok during PHE**


WAIT
WHAT????

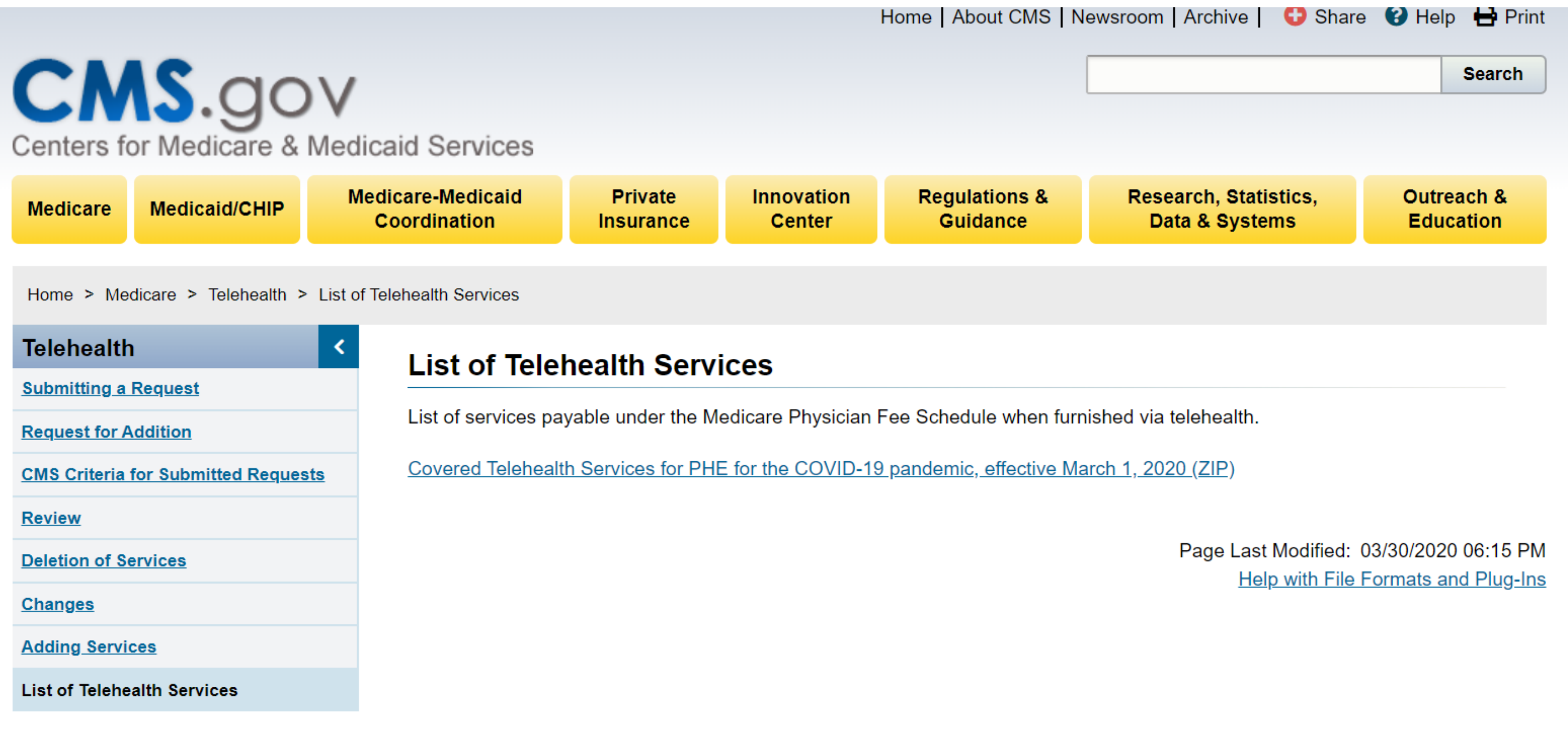
Interim Final Regulation added 80 new Telehealth Codes in two categories on March 30, 2020 effective March 1, 2020

Category 1: **Services that are similar to professional consultations, office visits, and office psychiatry services that are currently on the list of telehealth services**. In reviewing these requests, we look for similarities between the requested and existing telehealth services for the roles of, and interactions among, the beneficiary, the physician (or other practitioner) at the distant site and, if necessary, the telepresenter, a practitioner who is present with the beneficiary in the originating site. We also look for similarities in the telecommunications system used to deliver the service; for example, the use of interactive audio and video equipment.

Category 2: **Services that are not similar to those on the current list of telehealth services. Our review of these requests includes an assessment of whether the service is accurately described by the corresponding code when furnished via telehealth and whether the use of a telecommunications system to furnish the service produces demonstrated clinical benefit to the patient.** Submitted evidence should include both a description of relevant clinical studies that demonstrate the service furnished by telehealth to a Medicare beneficiary improves the diagnosis or treatment of an illness or injury or improves the functioning of a malformed body part, including dates and findings, and a list and copies of published peer reviewed articles relevant to the service when furnished via telehealth. Our evidentiary standard of clinical benefit does not include minor or incidental benefits.

https://www.cms.gov/files/document/covid-final-ifc.pdf

CMS Expanded the number of payable Medicare Part B Telehealth services from 101 to 191



https://www.cms.gov/Medicare/Medicare-General-Information/Telehealth/Telehealth-Codes

Billing for Professional Telehealth Distant Site Services During the Public Health Emergency — Revised

This corrects a prior message that appeared in our March 31, 2020 Special Edition. Even Medicare is having a hard time keeping up.

Building on prior action to expand reimbursement for telehealth services to Medicare beneficiaries, CMS will now allow for more than 90 additional services to be furnished via telehealth. When billing professional claims for all telehealth services with dates of services on or after March 1, 2020, and for the duration of the Public Health Emergency (PHE), bill with:

- Place of Service (POS) equal to what it would have been had the service been furnished in-person
- Modifier 95, indicating that the service rendered was actually performed via telehealth

https://www.cms.gov/outreach-and-educationoutreachffsprovpartprogprovider-partnership-email-archive/2020-04-03-mlnc-se

Interim Final Rules Released March 30 Change the POS for Telehealth

Important

"We are instructing physicians and practitioners who bill for Medicare telehealth services to report the POS code that would have been reported had the service been furnished in person. This will allow our systems to make appropriate payment for services furnished via Medicare telehealth which, if not for the PHE for the COVID-19 pandemic, would have been furnished in person, at the same rate they would have been paid if the services were furnished in person. Given the potential importance of using telehealth services as means of minimizing exposure risks for patients, practitioners, and the community at large, we believe this interim change will maintain overall relativity under the PFS for similar services and eliminate potential financial deterrents to the clinically appropriate use of telehealth. **Because we currently use the POS code on the claim to identify Medicare telehealth services, we are finalizing on an interim basis the use of the CPT telehealth modifier, modifier 95, which should be applied to claim lines that describe services furnished via telehealth.** We note that we are maintaining the facility payment rate for services billed using the general telehealth POS code 02, should practitioners choose, for whatever reason, to maintain their current billing practices for Medicare telehealth during the PHE for the COVID-19 pandemic."

Page 15 of Interim Final Regulation released March 30, 2020

https://www.cms.gov/files/document/covid-final-ifc.pdf?fbclid=IwAR0TYjcu5xyUfdNF03mb9AFBgKZmw82s7iE9cCpZ67jzjAKUdnR8utuLy_4

Telehealth Part B Billing Changes due to the Public Health Emergency

Per Interim Final Rule published March 30, 2020 applicable beginning March 1, 2020

PRE-COVID

Time Frame

February 28, 2020 & before

Place of Service

02

Payment

Payment was limited to the facility fee payment schedule.

PHE

Time Frame

March 1, 2020 to the end of PHE*

Place of Service

Telehealth Services done in the office
Use **POS 11 and Modifier 95.**

Payment

Payment will be the Non-Facility Fee

* CMS removed the restriction on originating sites on March 6, 2020

Place of Service Matters

CPT with Description	POS 11 Non-Facility Modifier 95	POS 2 Facility Modifier 95	Variance	% Difference
99201 OFFICE/OUTPATIENT VISIT NEW	$46.56	$27.07	-$19.49	-41.9%
99202 OFFICE/OUTPATIENT VISIT NEW	$77.23	$51.61	-$25.62	-33.2%
99203 OFFICE/OUTPATIENT VISIT NEW	$109.35	$77.23	-$32.12	-29.4%
99204 OFFICE/OUTPATIENT VISIT NEW	$167.10	$132.09	-$35.01	-21.0%
99205 OFFICE/OUTPATIENT VISIT NEW	$211.13	$172.51	-$38.62	-18.3%
99211 OFFICE/OUTPATIENT VISIT EST	$23.46	$9.38	-$14.08	-60.0%
99212 OFFICE/OUTPATIENT VISIT EST	$46.20	$26.35	-$19.85	-43.0%
99213 OFFICE/OUTPATIENT VISIT EST	$76.15	$52.33	-$23.82	-31.3%
99214 OFFICE/OUTPATIENT VISIT EST	$110.44	$80.48	-$29.96	-27.1%
99215 OFFICE/OUTPATIENT VISIT EST	$148.33	$113.68	-$34.65	-23.4%
	$1,015.95	**$742.73**	**-$273.22**	**-26.9%**

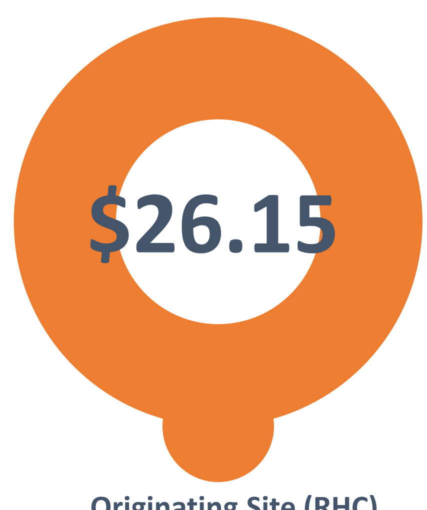
There is no difference in amounts paid to providers for services performed via Telehealth in other settings

CPT with Description	Non-Facility Fee	Facility Fee	Variance	% Difference
99231 SUBSEQUENT HOSPITAL CARE	$40.06	$40.06	$0.00	0.0%
99232 SUBSEQUENT HOSPITAL CARE	$73.62	$73.62	$0.00	0.0%
99233 SUBSEQUENT HOSPITAL CARE	$106.10	$106.10	$0.00	0.0%
G0406 INPT/TELE FOLLOW UP 15	$73.26	$73.26	$0.00	0.0%
G0407 INPT/TELE FOLLOW UP 25	$73.26	$73.26	$0.00	0.0%
G0408 INPT/TELE FOLLOW UP 35	$105.38	$105.38	$0.00	0.0%
G0425 INPT/ED TELECONSULT 30	$101.77	$101.77	$0.00	0.0%
G0426 INPT/ED TELECONSULT 50	$138.22	$138.22	$0.00	0.0%
G0427 INPT/ED TELECONSULT 70	$204.99	$204.99	$0.00	0.0%

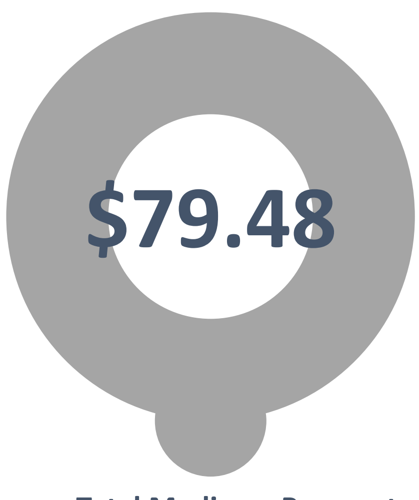
RHC Originating Site Telehealth Billing – Pre-Covid

Example: RHC is originating site and Physician is Distant site

Distant Site Provider (Specialist)
Place of Service 02
CPT Code 99213



Originating Site (RHC)
Restricted to Certain Rural Areas
Revenue Code 0780
CPT Code Q3014



Total Medicare Payment
Co-pays and Deductibles apply
So payment amount will vary

Medicare Part B – (Not RHC) Telehealth Billing – Public Health Emergency

Example: Physician provides Telehealth service while located in office

Place of Service Code 02 is no longer used during the PHE unless you want to be paid less.

Modifiers used in Telehealth Billing

95	GT	GQ	G0	GY
Medicare uses this now	**CAH Method II**	**Hawaii & Alaska**	**Acute Stroke**	**ABN**
Synchronous telemedicine rendered via real-time interactive audio & video	Used for interactive audio & telemedicine systems. Tells payor that service delivered via telemedicine	Used for asynchronous telecommunications – store & forward by Medicare in Hawaii & Alaska	Telehealth service for diagnosis, evaluation or treatment of systems of an acute stroke	Notice of Liability not issued, not required under payer policy because service is excluded from Medicare benefit.

Elimination of the GT Modifier for Telehealth Services

Elimination of the GT Modifier for Telehealth Services

MLN Matters Number: MM10152
Related Change Request (CR) Number: 10152
Related CR Release Date: November 29, 2017
Effective Date: January 1, 2018
Related CR Transmittal Number: R3929CP
Implementation Date: January 2, 2018

PROVIDER TYPES AFFECTED

This MLN Matters® Article is intended for providers who submit claims to Medicare Administrative Contractors (MACs) for telehealth services provided to Medicare beneficiaries.

PROVIDER ACTION NEEDED

Change Request (CR) 10152 eliminates the requirement to use the GT modifier (via interactive audio and video telecommunications systems) on professional claims for telehealth services. Use of the telehealth Place of Service (POS) Code 02 certifies that the service meets the telehealth requirements.

BACKGROUND

CR10152 revises the previous guidance that instructed practitioners to submit claims for telehealth services using the appropriate CPT or HCPCS code for the professional service along with the telehealth modifier GT (via interactive audio and video telecommunications systems). The GQ modifier is still required when applicable. As a result of the CY 2017 Physician Fee Schedule (PFS) final rule, CR9726 implemented payment policies regarding Medicare's use of a new POS Code 02 to describe services furnished via telehealth. The new POS code became effective January 1, 2017. Use of the telehealth POS code certifies that the service meets the telehealth requirements.

Note that for distant site services billed under Critical Access Hospital (CAH) method II on institutional claims, the GT modifier will still be required.

MACs will apply the "one every three days" frequency edit logic for telehealth services when codes 99231, 99232, and 99233 are billed with POS 02 for claims with dates of service January 1, 2018, and after. This frequency editing also applies when these services are span-dated on the claim (that is, the "from" date and the "to" date of service are not equal, and the "units" field is greater than one).

MACs will apply the existing "one every 30 days" frequency edit logic for telehealth services when codes 99307, 99308, 99309, and 99310 are billed with POS 02 for claims with dates of

service January 1, 2018, and after. This frequency editing also applies when these services are span-dated on the claim (that is, the "from" date and the "to" date of service are not equal, and the "units" field is greater than one).

ADDITIONAL INFORMATION

The official instruction issued to your MAC regarding this change is available at https://www.cms.gov/Regulations-and-Guidance/Guidance/Transmittals/2017Downloads/R3929CP.pdf.

To review the MLN Matters® article 9726 related to this CR you may go to: https://www.cms.gov/Outreach-and-Education/Medicare-Learning-Network-MLN/MLNMattersArticles/downloads/MM9726.pdf

If you have any questions, please contact your MAC at their toll-free number. That number is available at https://www.cms.gov/Research-Statistics-Data-and-Systems/Monitoring-Programs/Medicare-FFS-Compliance-Programs/Review-Contractor-Directory-Interactive-Map/.

DOCUMENT HISTORY

Date of Change	Description
December 4, 2017	Initial Article Released

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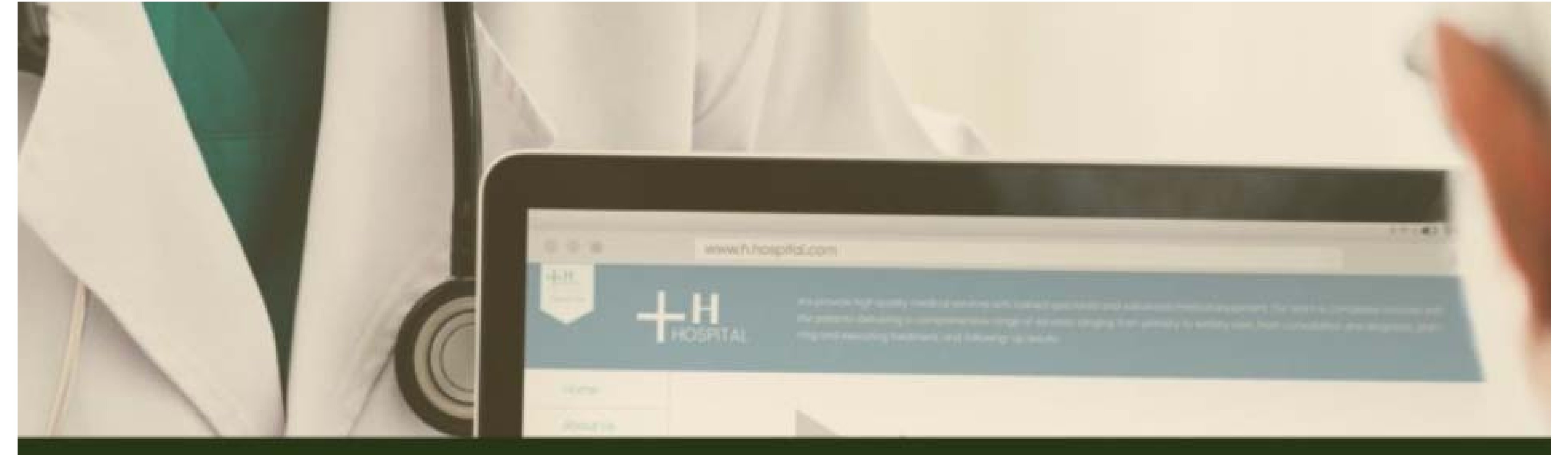
https://www.cms.gov/Outreach-and-Education/Medicare-Learning-Network-MLN/MLNMattersArticles/downloads/MM10152.pdf



TELEMEDICINE CPT CODES

Special coding advice during COVID-19 public health emergency

- The coding scenarios in this document are designed to apply best coding practices. The American Medical Association (AMA) is working to ensure that all payors are applying the greatest flexibility to our physicians in providing care to their patients during this public health crisis.
- The Centers for Medicare & Medicaid Services (CMS) lifted Medicare restrictions on the use of telehealth services during the COVID-19 emergency. Key changes include:
  - Effective March 6 and throughout the national public health emergency, Medicare will pay physicians for telehealth services at the same rate as in-person visits for all diagnoses, not just services related to COVID-19.
  - Patients can receive telehealth services in all areas of the country and in all settings, including at their home.
  - CMS will not enforce a requirement that patients have an established relationship with the physician providing telehealth.
  - Physicians can reduce or waive cost-sharing for telehealth visits.
  - Physicians licensed in one state can provide services to Medicare beneficiaries in another state. State licensure laws still apply.
- HHS Office for Civil Rights offers flexibility for telehealth via popular video chat applications, such as FaceTime or Skype, during the pandemic.
- AMA's telemedicine quick guide has detailed information to support physicians and practices in expediting implementation of telemedicine.
- Disclaimer: Information provided by the AMA contained within this Guide is for medical coding guidance purposes only. It does not (i) supersede or replace the AMA's Current Procedural Terminology® manual ("CPT Manual") or other coding authority, (ii) constitute clinical advice, (iii) address or dictate payer coverage or reimbursement policy, and (iv) substitute for the professional judgement of the practitioner performing a procedure, who remains responsible for correct coding.
- To learn more about CPT licensing click here.

https://www.ama-assn.org/system/files/2020-03/covid-19-coding-advice.pdf

Completing the 1500 Form for Medicare Part B

HEALTH INSURANCE CLAIM FORM

CMS 1500:

- Box 24B
  - ~~POS is 02 for Telehealth~~
  - POS is 11 if Telehealth done in office
  - POS is 11 for Virtual Check-In and E-Visits
- BOX 24D:
  - Modifier 95 for Medicare Telehealth
- Box 32
  - Service Facility Location Information
  - Provider should enter address where they typically practice
  - If provider furnishes some or all of these services from their home or another location that is not their typical practice location, they should use the address of office location where they usually practice

CMS Medicare Excel Listing of all Telehealth Codes

TELEHEALTH SERVICES

You must use an interactive audio and video telecommunications system that permits real-time communication between you at the distant site, and the beneficiary at the originating site.

Transmitting medical information to a physician or practitioner who reviews it later is permitted only in Alaska or Hawaii Federal telemedicine demonstration programs.

CY 2019 Medicare Telehealth Services

Service	HCPCS/CPT Code
Telehealth consultations, emergency department or initial inpatient	G0425–G0427
Follow-up inpatient telehealth consultations furnished to beneficiaries in hospitals or SNFs	G0406–G0408
Office or other outpatient visits	99201–99215
Subsequent hospital care services, with the limitation of 1 telehealth visit every 3 days	99231–99233
Subsequent nursing facility care services, with the limitation of 1 telehealth visit every 30 days	99307–99310
Individual and group kidney disease education services	G0420–G0421
Individual and group diabetes self-management training services, with a minimum of 1 hour of in-person instruction furnished in the initial year training period to ensure effective injection training	G0108–G0109
Individual and group health and behavior assessment and intervention	96150–96154
Individual psychotherapy	90832–90838
Telehealth Pharmacologic Management	G0459
Psychiatric diagnostic interview examination	90791–90792
End-Stage Renal Disease (ESRD)-related services included in the monthly capitation payment	90951, 90952, 90954, 90955, 90957, 90958, 90960, 90961
End-Stage Renal Disease (ESRD)-related services for home dialysis per full month, for patients younger than 2 years of age to include monitoring for the adequacy of nutrition, assessment of growth and development, and counseling of parents	90963

CY 2019 Medicare Telehealth Services (cont.)

Service	HCPCS/CPT Code
End-Stage Renal Disease (ESRD)-related services for home dialysis per full month, for patients 2–11 years of age to include monitoring for the adequacy of nutrition, assessment of growth and development, and counseling of parents	90964
End-Stage Renal Disease (ESRD)-related services for home dialysis per full month, for patients 12–19 years of age to include monitoring for the adequacy of nutrition, assessment of growth and development, and counseling of parents	90965
End-Stage Renal Disease (ESRD)-related services for home dialysis per full month, for patients 20 years of age and older	90966
End-Stage Renal Disease (ESRD)-related services for dialysis less than a full month of service, per day; for patients younger than 2 years of age	90967
End-Stage Renal Disease (ESRD)-related services for dialysis less than a full month of service, per day; for patients 2–11 years of age	90968
End-Stage Renal Disease (ESRD)-related services for dialysis less than a full month of service, per day; for patients 12–19 years of age	90969
End-Stage Renal Disease (ESRD)-related services for dialysis less than a full month of service, per day; for patients 20 years of age and older	90970
Individual and group medical nutrition therapy	G0270, 97802–97804
Neurobehavioral status examination	96116
Smoking cessation services	G0436, G0437, 99406, 99407
Alcohol and/or substance (other than tobacco) abuse structured assessment and intervention services	G0396, G0397
Annual alcohol misuse screening, 15 minutes	G0442
Brief face-to-face behavioral counseling for alcohol misuse, 15 minutes	G0443
Annual depression screening, 15 minutes	G0444

CY 2019 Medicare Telehealth Services (cont.)

Service	HCPCS/CPT Code
High-intensity behavioral counseling to prevent sexually transmitted infection; face-to-face, individual, includes: education, skills training and guidance on how to change sexual behavior; performed semi-annually, 30 minutes	G0445
Annual, face-to-face intensive behavioral therapy for cardiovascular disease, individual, 15 minutes	G0446
Face-to-face behavioral counseling for obesity, 15 minutes	G0447
Transitional care management services with moderate medical decision complexity (face-to-face visit within 14 days of discharge)	99495
Transitional care management services with high medical decision complexity (face-to-face visit within 7 days of discharge)	99496
Advance Care Planning, 30 minutes	99497
Advance Care Planning, additional 30 minutes	99498
Psychoanalysis	90845
Family psychotherapy (without the patient present)	90846
Family psychotherapy (conjoint psychotherapy) (with patient present)	90847
Prolonged service in the office or other outpatient setting requiring direct patient contact beyond the usual service; first hour	99354
Prolonged service in the office or other outpatient setting requiring direct patient contact beyond the usual service; each additional 30 minutes	99355
Prolonged service in the inpatient or observation setting requiring unit/floor time beyond the usual service; first hour (list separately in addition to code for inpatient evaluation and management service)	99356
Prolonged service in the inpatient or observation setting requiring unit/floor time beyond the usual service; each additional 30 minutes (list separately in addition to code for prolonged service)	99357
Annual Wellness Visit, includes a personalized prevention plan of service (PPPS) first visit	G0438

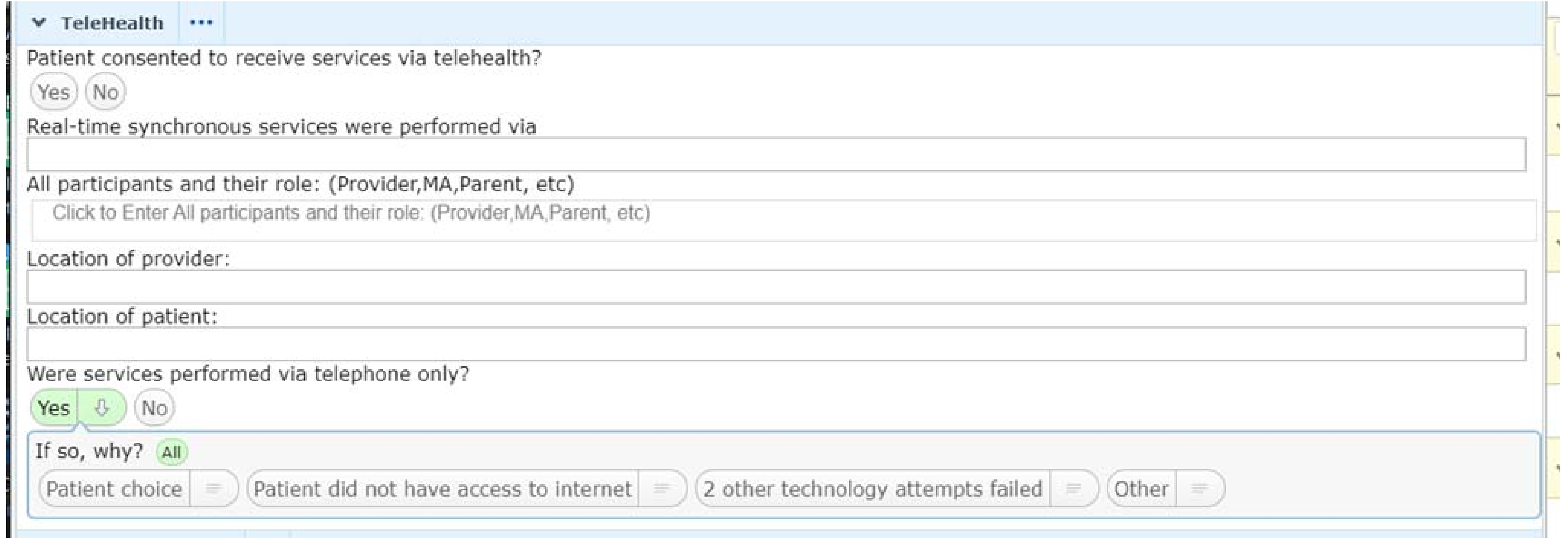
CY 2019 Medicare Telehealth Services (cont.)

Service	HCPCS/CPT Code
Annual Wellness Visit, includes a personalized prevention plan of service (PPPS) subsequent visit	G0439
Telehealth Consultation, Critical Care, initial, physicians typically spend 60 minutes communicating with the patient and providers via telehealth	G0508
Telehealth Consultation, Critical Care, subsequent, physicians typically spend 50 minutes communicating with the patient and providers via telehealth	G0509
Counseling visit to discuss need for lung cancer screening using low dose CT scan (LDCT) (service is for eligibility determination and shared decision making	G0296
Interactive Complexity Psychiatry Services and Procedures	90785
Health Risk Assessment	96160, 96161
Comprehensive assessment of and care planning for patients requiring chronic care management	G0506
Psychotherapy for crisis	90839, 90840
Prolonged preventive services	G0513, G0514

A physician, NP, PA, or CNS must furnish at least one ESRD-related “hands on visit” (not telehealth) each month to examine the beneficiary’s vascular access site.

Documenting a Telehealth Visit
100

Documentation Needed for a Telemedicine Visit



1. Do record the time started and time ended.
2. Do not record the session.
3. Ask for Consent to Treat verbally and document in Medical Record.
4. Do ask for vital signs.
5. Note the provider location and patient location.